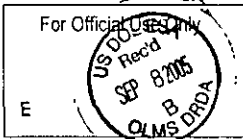


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13322</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Peter Berry  P.O. Box, Bldg., Room No., if any Schrafft Center  Street 529 Main Street, Suite 202  City Charlestown  State Massachusetts ZIP Code + 4 02129	4. Name, file number, and address of labor organization.  Name Internat'l Brotherhood of Teamsters, Local 379  Labor Organization File Number 001-923  P.O. Box, Building and Room Number, if any Schrafft Center  Street 529 Main Street, Suite 202  City Charlestown  State Massachusetts ZIP Code + 4 02129
5. Position in labor organization. Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Robt S. Berry</u>	On <u>8/31/05</u> (617) <u>201-5168</u> Date Telephone Number

Name of Person Filing Peter Berry	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Freedom Capital Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Beacon Street</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02108-3105</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Construction Teamsters Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 205</p> <p>Street 529 Main Street</p> <p>City Charlestown</p> <p>State Massachusetts ZIP Code + 4 02129</p>	<p>11.a. Nature of such dealing.</p> <p>Freedom Capital Management manages certain investments for the Construction Teamsters Health and Welfare Fund</p> <p>11.b. Approximate dollar value of such dealing. \$76,738</p> <p>12.a. Nature of interest held or income received.</p> <p>guest at a golf outing and dinner (including golf fees and gift bag) at the Ridge Club on June 21, 2004</p> <p>12.b. Amount. \$250</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Peter Berry	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name GMAC Insurance</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 13736 Riverport Drive</p> <p>City Maryland Heights</p> <p>State Missouri ZIP Code + 4 63043</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Construction Teamsters Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 205</p> <p>Street 529 Main Street</p> <p>City Charlestown</p> <p>State Massachusetts ZIP Code + 4 02129</p>	<p>11.a. Nature of such dealing.</p> <p>GMAC Insurance is associated with the Teamsters Auto &amp; Home Insurance Program</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$0</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>guest at a reception sponsored by GMAC Insurance for attendees at the Teamsters Trustee Education Conference held March 14-17, 2004 in Las Vegas, NV</p> <hr/> <p>12.b. Amount. \$0</p>

**Dwyer & Collora, LLP**

600 Atlantic Avenue  
Boston, Massachusetts 02210-2211  
Telephone (617) 371-1000  
Fax (617) 371-1037  
www.dwyercollora.com



September 2, 2005

**Michael A. Collora**  
(617) 371-1002  
mcollora@dwyercollora.com

U.S. Department of Labor  
ESA/OLMS, Room N-5656  
200 Constitution Avenue, N.W.  
Washington, DC 20210-0001

Re: Peter Berry

Dear Sir or Madam:

Enclosed for filing please find Form LM-30 for the above individual.

If you have any questions, please do not hesitate to contact me.

Sincerely yours,

Michael A. Collora

MAC/lag  
Encl.

cc: Peter Berry